

Application No. (if known): 09/046,194

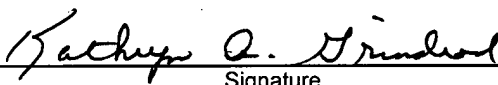
Attorney Docket No.: 55051-RCE (71117)

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. **EV 654381785 US** in an envelope addressed to:

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on June 16, 2005  
Date



Signature

Kathryn A. Grindrod

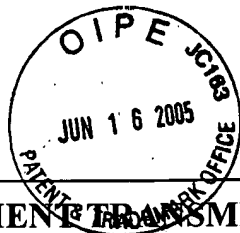
Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 517-5534  
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Fee Transmittal (2 pages)  
Amendment Transmittal (2 pages)  
Amendment (29 pages)  
Return Receipt Postcard  
Authorization to charge \$120.00 to deposit account 04-1105



<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. <b>55051-RCE (71117)</b>	
Application No. 09/646,194-Conf. #5757	Filing Date September 14, 2000	Examiner B. T. Basom	Art Unit 2173	
Applicant(s): Hisashi Saiga et al.				
Invention: DATA DISPLAYING DEVICE				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims		- 20 =		x
Independent Claims		- 3 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within first month				120.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				<b>120.00</b>
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity				
<input type="checkbox"/> No additional fee is required for this amendment.				
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-1105</u> in the amount of \$ <u>120.00</u> . A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
<u>David A. Tucker</u> David A. Tucker Attorney Reg. No.: 27,840  EDWARDS & ANGELL, LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 517-5508			Dated: <u>June 16, 2005</u>	